



Use of LHRH-antagonists in doses that do not cause castration for the improvement of T-cell mediated immunity

In a patent by R.L. Boyd (WO 200062657, AU 200037977) the autor claims that disrupting the sex steroid signalling by application of an LHRH-agonist will result in a modification of the T-cell population in subjects with a depressed or abnormal T-cell population. This treatment will have the undesired side-effect of castration of the subject, but the author claims that this castration will be reversible upon cessation of treatment.

This side effect is highly undesirable as it will result in loss or reduction of libido, sexual desire and sexual potency. In men and pre-menopausal women the treatment would also result in the typical symptoms of lowering the sex hormone-level below castration level, e.g. hot flushes, women will additionally be at risk to lose bone minerals, potentially limiting the duration of treatment.

These unwanted effects can be limited by using an LHRH-antagonist in a dose that will not result in castration but will still have the desired effect on the immune system.

The object has now been achieved in that an LHRH-antagonist is used for the production of a medicament for treating of an individual where the treatment results in a modification of the T-cell population in an individual suffering from a disease that will respond favourable to such a modification, suffering from a HIV-infection or cancer, or an auto-immune disease, or benign prostatic hyperplasia, or endometriosis, or asthma, or arthritis, or dermatitis, or multiple sclerosis, or Jacob Creuzfeldt-disease or Alzheimer disease, further to enhance the immun response to an antigen, to decrease the host versus graft reaction and to enhance the anti-aging-treatment.

The preferred LHRH-antagonist can be cetrorelix, teverelix, antide, abarelix.

Expediently, the medicament can be administered in the following ratio:

Total dose from 5 mg to 120 mg LHRH-antagonist, divided in a period of 1 to 8 weeks and according to needs with repeat of the therapy every 3 to 4 months.

It has been found a preferred embodiment of the therapy with the LHRH-antagonist cetrorelix.

- Cetrorelix pamoate in a total dose from 30 mg to 120 mg divided in a period of 1 to 4 weeks and according to needs with repeat of the therapy every 3 to 4 months,
- Cetrorelix acetate in a total dose from 5 mg to 80 mg divided in a period of 1 to 8 weeks and according to needs with repeat of the therapy every 3 to 4 months.

We checked the efficacy with a patient population of

- 140 elderly patients (older than 50 years) with benign prostatic hyperplasia
- 45 patients with endometriosis in which the immune cell suppression play a role.